

Adventure Sports Travel Participant Agreement

Date: _____

Participant Name: _____

Address: _____

Phone: _____

Email: _____

Event Details

Event Name: _____

Date of Event: _____

Location of Event: _____

Participant Agreement

I, the undersigned, wish to participate in the above-mentioned adventure sports event. I understand that this activity involves inherent risks and dangers, and I am voluntarily participating at my own risk.

By signing this agreement, I hereby release, waive, and discharge the organizers, sponsors, and all associated personnel from any and all liability for any injury, damage, or loss that I may suffer as a result of my participation.

Medical Information

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Conditions/Allergies: _____

Signature

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____